PTO/SB/21 (05-03) Approved for use through 04/30/2003. OMB 0651-0031

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|---|---|--|---|--|---|---|--|--|
| Under the Pasework Reduction Act of 1995, no per | | | | Application Number | | 09/774,439 | | |
| IRANSIVITIAL | | | Filing Date | | 01/31/2001 | | | |
| FORM | | | First Named Inventor | | Patel | | | |
| (to be used for all correspondence after initial filing) | | | Art Unit | | 2153 | | | |
| | | | Examiner Name | | Barqadle, Y. M. | | | |
| Total Number of Pages in This Submission 2 | | | Attorney Docket Number | | 017887-005500US | | | |
| | | ENC | LOSURE | S (Check all that appl | (y) | | | |
| Fee Transmittal Form | | Drawin | Drawing(s) | | After Allowance Communication to Group | | | |
| Fee Attached | | Licensing-related Papers | | Appeal Communication to Board of Appeals and Interferences | | | | |
| . Amendment/Reply | | Petition | | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | |
| After Final | | Petition to Convert to a Provisional Application | | | Proprietary Information | | | |
| Affidavits/declaration | | | of Attorney, Revocation e of Correspondence Address | | Status Letter | | | |
| Extension of Time Request | | Terminal Disclaimer | | | Other Enclosure(s) (please identify below): | | | |
| Express Abandonment Request | | Request for Refund | | | 1) Return Postcard | | | |
| ☐ Information Disclosure Statement | | CD, Number of CD(s) | | | 2) PTO/SB/83 Request to Withdraw as Attorney | | | |
| Certified Copy of Priority Document(s) | | Rema | rks | The Commissioner is Account 20-1430. | ne Commissioner is authorized to charge any additional fees to Deposit count 20-1430. | | | |
| Response to Missing Parts/ Incomplete Application | | | | . . | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | · | | |
| | SIGNA | ATURE O | F APPL | ICANT, ATTORNEY, | OR AGEN | IT · | | |
| | vnsend and Town | | | | | | | |
| or Individual Phil | Reg. No. 35,819 | | | | | | | |
| Signature | Old Como | | | | | | | |
| Date Aug | ugust 26, 2005 | | | | | | | |
| | (| CERTIFIC | ATE OF | TRANSMISSION/M | AILING | | | |
| I hereby certify that this correspo as first class mail in an envelope | ondence is being fac addressed to: Con | csimile trans nmissioner fo | mitted to to or Patents | he USPTO or deposited wit , P.O. Box 1450, Alexandria | th the United S a, VA 22313-14 | tates Postal Service with sufficient postage 450 on the date shown below. | | |
| Typed or printed name Christopher R. Fitting | | | | | | | | |
| Signature | | | 7/ | | Date | August 35, 2005 | | |
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (09-03)

QE JC164

ATENTS

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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|------------------------|-----------------|-----|--|
| Application Number | 09/774,439 | | |
| Filing Date | 01/31/2001 | | |
| First Named Inventor | Patel | | |
| Art Unit | 2153 | | |
| Examiner Name | Barqadle, Y. M. | | |
| Attorney Docket Number | 017887-005500US | | |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | - | | | | | | |
|---|---|--|--------------------|-----------|--|--|--|
| Please withdraw me as attorney or agent for t | he above identified pa | tent application, a | and | | | | |
| all the attorneys/agents of record | | | | | | | |
| all the attorneys/agents (with registration | n numbers) listed on th | ne attached paper | (s), or | | | | |
| | | | | | | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: Client requests to transfer matter | | | | | | | |
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| OR Firm or Individual Name | | | | | | | |
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| Telephone | Fax | | | | | | |
| Name Philip H Affiert | | | <u> </u> | | | | |
| Signature UMW | Regi | Registration No. 35,819 | | | | | |
| Date Augus 2, 2005 | | | | | | | |
| NOTE: Withdrawal is effective when approved rather than whe and the expiration date of a time period for response or possible | en received. Unless there a e extension period, the requ | re at least 30 days bet est to withdraw is norπ | ween approval of w | ithdrawal | | | |